

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State/Territory: Nebraska

DISCLOSURE OF ADDITIONAL REGISTRY INFORMATION

The Department of Health currently verifies whether an individual meets the requiriements. Effectivel-2-92, there will also be a summary attachment regarding substantiated abuse.

TN No. MS-91-30

Supersedes

TN No. (new page)Approval Date JAN 15 1992

Effective Date _____

HCFA ID: